09/28/2010 21:50

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STATEMENT OF

FORM 1	ORGANIZAT (See instructions)	TION	Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
SpeechNow.or	g		<u> </u>
	. D.O. Boy 19779		<u> </u>
ADDRESS (number and s	rreet) P.O. Box 18773		
(Check if address is changed)			
	Washington		DC 20036 - 1
	СП	ГΥ▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail	address)	
(Check if address is changed)	david@speechnow.org		
COMMITTEE'S WER I	PAGE ADDRESS (URL)		
	www.speechnow.org		,
(Check if address is changed)			<u> </u>
2. DATE M M M O 9	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	C00488783	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowled	ge and belief it is true, correct and	complete
Type or Print Name of ⁻	Freasurer David Keating		
Signature of Treasurer	Electronically Filed by David Keating	g	Date 0 9 / 2 8 / 2 0 1 0
NOTE: Submission of fals	se, erroneous, or incomplete information may sub		•
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